

The Role of the General Practitioner In the Care of Cancer Patients

BURT L. DAVIS, M.D., Palo Alto

THE RAPID EXPANSION of our comprehension of the life process and, in particular, of aberrations in cellular development has caused continuous changes in the professional relationships involved in the care of patients with cancer. Cancer differs from other diseases in the universality of its manifestations. Every organ system, every organ, every type of tissue may be affected by malignant neoplastic change. It follows, then, that every physician regardless of specialty or particular interest, is confronted by the problems of the cancer patient.

The increased compartmentation of knowledge and the development of specialized skills has emphasized the need for a coordinated attack in the solution of these cases. A few years ago there was a divisive trend leading toward over-specialization. This tended to compound the needs of the patient; and, rather than increasing his ability to understand his case, it caused him to become perplexed and to despair. Recent developments in medical school curricula have recognized this fact and have been designed to encompass the whole patient, who is certainly much more than the sum of his parts. There is, then, an obvious need for physicians in general practice, who realize the total impact of the tumor upon the whole patient, to be active in this field.

This concept requires a much broader perspective than a statistical approach appraising the effects of various physical, chemical or surgical applications upon masses of neoplastic tissue derived from different germinal layers and growing in the several organs. It is the duty of the personal physician to correlate the various medical disciplines with the patient, his environment, his family and their problems—economic, social and domestic, as well as medical. This physician must interpret the neoplastic process, and the corrective measures which are being taken, to the patient and his family in terms that they can understand. This is a part of the art of medicine, in contrast with the science of medicine which can be expressed mathematically and objectively.

To appear as part of the revised Cancer Studies.

The quality of medical care has come in for a great deal of discussion in recent years. Physicians, patients and third parties such as insurance plans, employers and labor unions have become increasingly interested, and properly so, in the subject.

Measuring quality is a difficult procedure. The science of medicine is subject to quantitative measurement. The art of medicine, as with any other form of art, is only measurable as an individual appraisal in the eye of the beholder. It is in this field that the personal physician is called upon to apply his greatest talent. It is here that all of the scientific knowledge pertaining to the case is applied. The patient who refuses to follow suggested treatment, who ignores the best and latest scientific advice, might just as well have seen a quack in the first place.

The Cancer Commission of the California Medical Association, together with the California Division of the American Cancer Society, undertook an extensive study of the needs of cancer patients in California. Among the most startling bits of information derived from the study was the fact that, according to the family members interviewed, one out of eight patients did not follow out the course of treatment advised for him. Various reasons were given for this failure to "follow orders": The influence of age, education, economic factors, emotion, fear of hospitalization, resistance to surgical operation and refusal to accept the diagnosis were among the factors brought forth to explain this failure to accept the best that medicine had to offer.

When the physicians of a number of cancer patients were questioned, they reported that 25 per cent of the patients did not follow the recommended treatment.

Despite the large amount of publicity which has been given to the need for annual physical examinations and the seven danger signals of cancer, the families interviewed reported a delay of more than three months after the onset of symptoms before the patient sought medical advice in four cases out of ten.

Obviously, the general practitioner, the family confidante who is in the best position to know all

the problems of his patient, has not been doing an efficient job when the patient has failed to understand the instructions. Frequently this lack of understanding has come about because of failure of communications between the referring physician and the specialist who is conducting the specific treatment. The patient becomes bewildered when two or more physicians are rendering him care, particularly so when, to his lay mind, different advice appears to be given. Thus, there must be, in the interest of the patient, a close liaison between the various physicians on the case. Each of them must take the necessary time to explain to the patient that portion of the total care for which he is responsible.

The specialist in most instances does not have the total family problem before him. His advice should remain in the area of his greatest capability, where he can be of greatest help to the patient. The general practitioner should not enter into the specific realm of the specialist, for his broader knowledge of the family's problems is of far greater value in this sphere. Both should contribute, to the best of their ability, to the improvement of the poor statistics cited above.

There are three distinct periods in the progress of each case of cancer: The first includes the diagnosis. This stage has an indeterminate beginning. It is concluded at the moment of specific and definitive understanding of the nature of the patient's malignant process. The second period extends throughout the course of treatment. It ends when all possible treatment for arrest of the disease has been given and when further treatment is directed toward palliation and the comfort of the patient. The third and final stage is terminal.

That early diagnosis is of paramount importance has been well established. The profession and the public have been repeatedly made aware of the danger signals and the need for adequate and thorough investigation of signs and symptoms which may indicate cancer. The public is increasingly conscious of the advisability for periodic health examinations with appropriate laboratory tests, including cytological study.

In this first period, the general practitioner is of utmost importance. He is the one who has the best

opportunity to discover early malignant change. He should satisfy himself that he understands the disease process in the individual patient by the use of all the knowledge and skills which are available to him. There has been a great deal written regarding the examination of the patient for cancer. Patients who are perturbed about the possibility of cancer frequently call for appointments, expressing their desire for examination for this disease specifically.

The Cancer Commission of the C.M.A. has frequently stated that the best examination for cancer is the complete physical examination. It would be needless repetition to outline here the proper method of examining a patient, for it is dealt with in every elementary textbook on physical diagnosis. The obligation of the general practitioner is to be sure that he has overlooked no possible examination or test which might discover an early malignant lesion. In particular, he should explore every symptom or sign which might indicate the start of a tumor.

Frequently, it is stated that the increase of specific knowledge has made it impossible for any individual physician to encompass all of it. But the general practitioner need not have at his fingertips the specific detailed information regarding the various methods used in cancer therapy. He must have basic comprehension, and rely upon associates in the appropriate specialties for detailed knowledge and specific therapy.

The general practitioner, then, has several functions to perform in the service and for the benefit of the cancer patient:

1. He alone has the great opportunity of making the early diagnosis.
2. With his assistance in the selection of consultants, the patient is guided to the best application of the science of treatment.
3. He is the one physician who can comprehend the impact of the cancer upon the patient and his family and is best fitted to interpret the specialized treatment to them.
4. As collateral problems develop, he is best fitted to apply the highest quality of the art of medicine for the comfort of the patient.

701 Channing Avenue, Palo Alto, California 94301.

